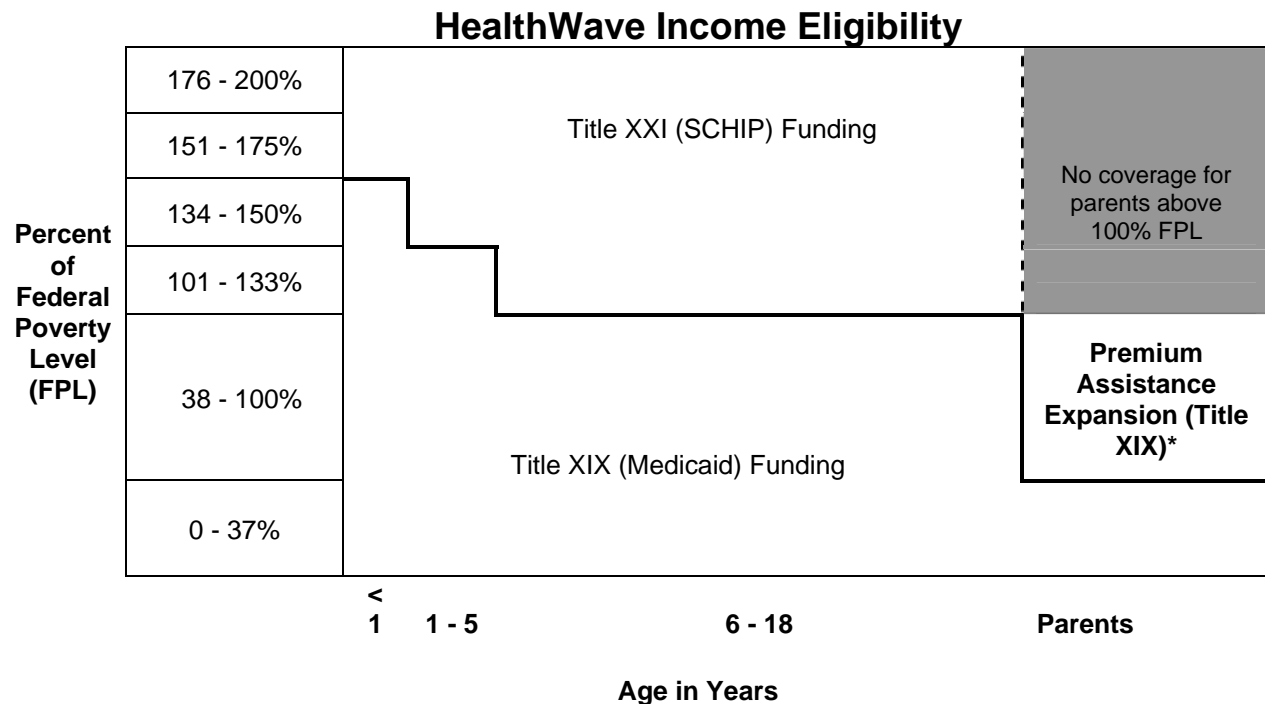


Medicaid and SCHIP (HealthWave Program) Fact Sheet

What is the HealthWave program?

In 2001, the **Medicaid** managed care program was blended with the **State Children's Health Insurance Program (SCHIP)** into the HealthWave program to help ensure a seamless product. HealthWave enables families with children who are eligible for SCHIP and Medicaid to have the same health plan and health provider for all family members. The HealthWave program also serves Medicaid-eligible adults and children in the Temporary Assistance to Families (TAF) and Poverty Level Eligible (PLE) programs.

What are the HealthWave Income Eligibility Thresholds?



* Phased in over four years

What are the 2007 Federal Poverty Level Guidelines for Kansans?

Family Size	Percent of Poverty								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	\$10,210	\$12,252	\$13,579	\$13,784	\$15,315	\$17,868	\$18,889	\$20,420	\$25,525
2	\$13,690	\$16,428	\$18,208	\$18,482	\$20,535	\$23,958	\$25,327	\$27,380	\$34,225
3	\$17,170	\$20,604	\$22,836	\$23,180	\$25,755	\$30,048	\$31,765	\$34,340	\$42,925
4	\$20,650	\$24,780	\$27,465	\$27,878	\$30,975	\$36,138	\$38,203	\$41,300	\$51,625
5	\$24,130	\$28,956	\$32,093	\$32,576	\$36,195	\$42,228	\$44,641	\$48,260	\$60,325

Medicaid

What is Medicaid (Title XIX)?

Medicaid, also known as Title XIX, is a federal-state partnership program that provides health and long-term care services to people with low-incomes. These services include preventive, primary and acute health services for individuals, children and families. It also provides certain long-term care services, like nursing homes, for the elderly or people with disabilities.

Who is eligible for Medicaid in Kansas?

All persons applying for Medicaid are required to meet general, non-financial requirements, which include:

- Kansas Residency
- U.S. Citizen or Documented, Qualified Immigrant Status (except for coverage of emergency services under the SOBRA program)
- Verification of Citizenship and Identity (with a few exceptions)
- Use of other health insurance coverage before using Medicaid

What populations receive benefits through Medicaid?

- Children age 6 and older below 100% FPL (\$16,600 a year for a family of 3)
- Children between ages 1 and 6 below 133% FPL (\$22,078 a year for a family of 3)
- Families with minor children below the limit for Temporary Assistance for Families case assistance (approx. 37% FPL)
- Pregnant women and infants (ages 0-1) at or below 150% FPL
- Elderly and persons with disabilities who have low income and assets, including SSI recipients.
- Employed persons with disabilities under 300% FPL
- Low-income seniors who receive Medicare, referred to as Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), and Qualifying Individuals (QIs)

What mandatory benefits are included in Medicaid?

Mandatory benefits that are provided through Medicaid include physician services; laboratory and x-ray services; inpatient hospital services; outpatient hospital services; early and periodic-screening, diagnostic, and treatment (EPSDT) services for individuals under 21; family planning and supplies; Federally-qualified health center (FQHC) services; rural health clinic services; nurse midwife services; and certified pediatric and family nurse practitioner services. Mandatory long-term care benefits are institutional services and nursing facility (NF) services for individuals 21 or over.

What optional services are included in Kansas Medicaid?

The state offers the following optional services through the Medicaid program:

- Alcohol and Drug Abuse Treatment
- Attendent Care for Independent Living
- Audiological services
- Behavior Management
- Community Mental Health Center & Psychological Services

- Dental services (Limited to certain consumers)
- Durable medical equipment
- Medical Supplies, Orthotics, and Prosthetics
- Early Childhood Intervention
- Health Clinics
- Home or community-based services
- Hospice services
- Inpatient Pscyhiatric services
- Intermediate care facility services
- Local Education Agencies
- Local Health Department services
- Nursing services
- Physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders
- Prescribed drugs
- Podiatric services covered for EPSDT beneficiaries only
- Respiratory care for ventilator-dependent individuals
- Services for special disorders
- Targeted case management for assistive technology
- Vision services

How many Kansans are currently served by Kansas Medicaid?

The Kansas Medicaid program serves 250,336 individuals monthly, as of February 2007. This is a sharp decrease compared to this time last year, because federal citizenship and identity requirements have caused a Medicaid caseload reduction. On a monthly basis, the Medicaid program costs \$170,454,530, which is approximately \$681 per person enrolled in the program. However, this number varies depending on the service utilization and age, among other factors.

How is Medicaid financed in Kansas?

The federal government provides approximately 60 percent of the cost of Medicaid services. In other words, for every Medicaid dollar spent in Kansas, about 60 cents comes from the federal government; the State provides the remaining 40 cents. Medicaid is an open-ended entitlement for states.

When does a beneficiary's eligibility expire?

All beneficiaries must have eligibility redetermined at least once a year. Changes in income, resources and other circumstances during the year will impact the eligibility status for most adults. For children, Kansas applies a policy called continuous eligibility which allows children to be covered regardless of changes in income for up to one year.

How much does a family pay in premiums for Medicaid?

The graph below outlines that a family must pay a premium of \$20 or \$30, depending on their income and the federal poverty level.

Percent of Federal Poverty Level (FPL)	176-200%		\$30 Family	\$30 Family	\$30 Family	
	151-175%		\$20 Family	\$20 Family	\$20 Family	
Age in Years	134-150%			No Premium	No Premium	
	101-133%				No Premium	
	38-100%					
	0-37%					
		Pregnant Women	Under 1	1 to 5	6 to 19	Adults

State Children's Health Insurance Program (SCHIP)

What is the State Children's Health Insurance Program (SCHIP-Title XXI)?

SCHIP, also known as Title XXI, was implemented in Kansas in 1999. SCHIP provides health care coverage for low-income children in families with incomes up to 200% of the federal poverty level who are not Medicaid-eligible. It is a federal-state partnership program.

Who is eligible for SCHIP in Kansas?

Kansas provides free or low-cost health insurance coverage to children in this program who:

- Are under the age of nineteen;
- Do not qualify for Medicaid;
- Have family incomes under the 200% of the FPL; and
- Are not covered by state employee health insurance or other private health insurance.

Eligibility is continuous for twelve months and re-established annually. The family must meet all eligibility criteria and have paid any applicable premiums from the prior year to be re-enrolled for a new twelve-month period.

How is SCHIP financed?

Nearly all health care services purchased by Medicaid and HealthWave are financed through a combination of state funds and federal matching funds. Under SCHIP, the federal government provides approximately 72 percent of the cost up to a maximum allotment, and the State provides the remaining 28 percent and any excess spent above the federal allotment.

How many children are enrolled in SCHIP?

As of March 2007, 34,414 children were enrolled in SCHIP. The average cost per child per month is \$140.56. However, this varies depending on the number of children enrolled each month, as well as variations in the children's ages, service utilization and county of residence. In FY 2006, 56,000 Kansans received services through the SCHIP program at a cost of \$62.4 million.

HealthWave Program Eligibility

How can a person apply for Medicaid or SCHIP?

An application form can be found at schools, places of worship, medical providers, www.kansashealthwave.org, or may be mailed to you by calling 1-800-792-4884. The form is then mailed in along with supporting documentation such as wage information and citizenship and identity documentation to the Kansas Family Medical Clearinghouse, which is responsible for processing and eligibility determination for both Medicaid and SCHIP.

What are the citizenship and identity documentation requirements?

If a person applies for Medicaid, they must provide proof of U.S. citizenship and identity, as outlined in the Deficit Reduction Act of 2005. A U.S. Passport, Certificate of Naturalization or Certificate of Citizenship will verify both citizenship and identity. If a person does not have any of those documents, they must provide two forms of documentation, one for citizenship and one for identity. Citizenship documents include birth certificate or birth record, adoption records showing place of birth or military record. Identity documents include driver's license, federal, state or local id, military id, Native American Tribal document. A school id, school records, medical records or licensed or registered daycare documents will verify the identity of a child under 16 years of age. If you need help with your application, call 800.792.4884.

Premium Assistance

What is Premium Assistance?

Premium assistance uses federal and state Medicaid and/or SCHIP funds to subsidize the purchase of employer sponsored health insurance or through a state procured private health insurance plan. Some states are moving toward this model to encourage low-income families' participating in private health insurance coverage, shore-up the private coverage market and prevent crowd-out, and achieve cost savings by bringing in employer contributions to help offset costs.

How would premium assistance work with private health insurance coverage?

Premium assistance would actually expand private health insurance coverage and promote competition in the health insurance marketplace. An increased number of health plan choices would be available to low-income families, similar to the State Employee Health Benefits Plan. In addition, it would put Medicaid benefits for parents on par with privately-insured families.

How would premium assistance programs be implemented in Kansas?

Premium assistance in Kansas will be phased in over four years, with a “legislative trigger” after the first two years to evaluate the program and ensure that funding is available. It will be implemented in two ways:

- Competitively bid state-procured health plans: For low-income uninsured families, Medicaid (state and federal share) would pay for premiums for state-procured private health insurance to be offered to low-income children and their parents. Because children eligible for Medicaid are required by federal law to receive certain services, the private insurance plans would be supplemented by “wrapping around” private health insurance coverage with Medicaid benefits.
- Employer-sponsored insurance (ESI) buy-in: For low-income uninsured parents who have access to employer sponsored private health insurance, Medicaid would pay the employee share of the health insurance premium for families, and then, “wrap around” children’s coverage with fee for service Medicaid.

How many Kansans would receive benefits from premium assistance?

Cost and Coverage Premium Assistance Plan – preliminary estimates

Phase-In	Year 1	Year 2	Year 3	Year 4	FULL PHASE IN
Percent of Federal Poverty Level (FPL)	Ramp up (Those under 37% FPL)	Under 50% FPL	50-74% FPL	75-99% FPL	Total under 100% FPL
Number of parents covered	N/A	8,500	7,000	8,500	24,000

How would a premium assistance program in Kansas be funded?

A premium assistance program in Kansas would be funded with federal matching dollars. It takes advantage of Deficit Reduction Act (DRA) flexibility by giving the state an opportunity to “catch up” with other states in terms of federal support for increasing access to health care. Together with increased transparency of health care cost and quality as well as information technology, we can create partnerships with the US Department of Health and Human Services. This program would be phased in over four years, with a “legislative trigger” after the first two years to evaluate the program and ensure that funding is available. Below is a graph indicating the cost of the premium assistance plan.

Cost and Coverage Premium Assistance Plan-- preliminary estimates

Phase-In	Year 1	Year 2	Year 3	Year 4	FULL PHASE IN
Percent of Federal Poverty Level (FPL)	Ramp up (Those under 37% FPL)	Under 50% FPL	50-74% FPL	75-99% FPL	Total under 100% FPL
Number of parents covered	N/A	8,500	7,000	8,500	24,000
Estimated administrative costs	\$.5M	\$1.5M	\$2M	\$2.25M	\$2.25M
SGF: Premium costs		\$11M* (\$5.5 M FY2009)	\$9M	\$11M	\$31M
Federal Matching Funds		\$16M	\$14M	\$16M	\$46M
Total Costs		\$27M	\$23M	\$27M	\$77M

* Because we expect to phase in the program for those under 50 percent FPL beginning in January of 2009 (half of the fiscal year), the SGF costs for FY 2009 per the fiscal note are \$5.5 million.

How can a person contact the HealthWave (Medicaid or SCHIP) program?

Mail:

P.O. Box 3599, Topeka, KS, 66601

Phone:

Toll Free: 1-800-792-4884

Topeka Area residents 368-1515

TTY: 1-800-792-4292

Fax:

Toll Free: 1-800-498-1255

Topeka Area residents 431-7194